

Medical Expense and Performance Reporting System (MEPRS)

An Overview

TMA MEPRS Program Office



Agenda

- Introduction
- Account Structure
- Financial Data
- Personnel Data
- Workload Data

Introduction

Purpose:

Provide uniform reporting by Functional Cost Code (FCC) of expense, manpower, & workload for DoD Medical Treatment Facilities (MTF) providing management a basic framework for cost and work center accounting.

MEPRS refers to the expense, personnel, and workload data.

Expense Assignment System (EAS) is the hardware and software in which the information resides.

Introduction

MEPRS Data:
DoD-Standardized,
Aggregated by FCC

Service specific Financial Data

Army: STANFINS/GFEBS

(Standard Army Finance System/General Fund Enterprise System)

Navy: STARS-FL

(Standard Accounting and Reporting System - Fleet Level)

Air Force: GAFS

(General Accounting Finance System Rehost)

Personnel

DMHRSi

(Defense Medical Human Resource System - internet)

Workload

CHCS/WAM

(Composite Health Care System / Workload Assignment Module)

Account Structure

Functional Cost Codes (FCCs) are 4-character MTF-specific codes representing work centers or reporting facilities; used to track costs, workload and FTEs. The first 3 letters are DoD-standard.

The fourth letter is MTF-unique and used to identify specific types of costs and workload:

B = AMBULATORY CARE (DoD standard)

BH = PRIMARY MEDICAL CARE (DoD standard)

BHA = OUTPT PRIMARY CARE CLINICS (DoD standard)

BHAA = Outpt Primary Care Clinic - Parent Facility (MTF specific)

BHAM = Outpt Primary Care Clinic - TMC-1 (MTF specific)

BHAW = Outpt Primary Care Clinic - TMC-5 (MTF

Account Structure

Expense Purification

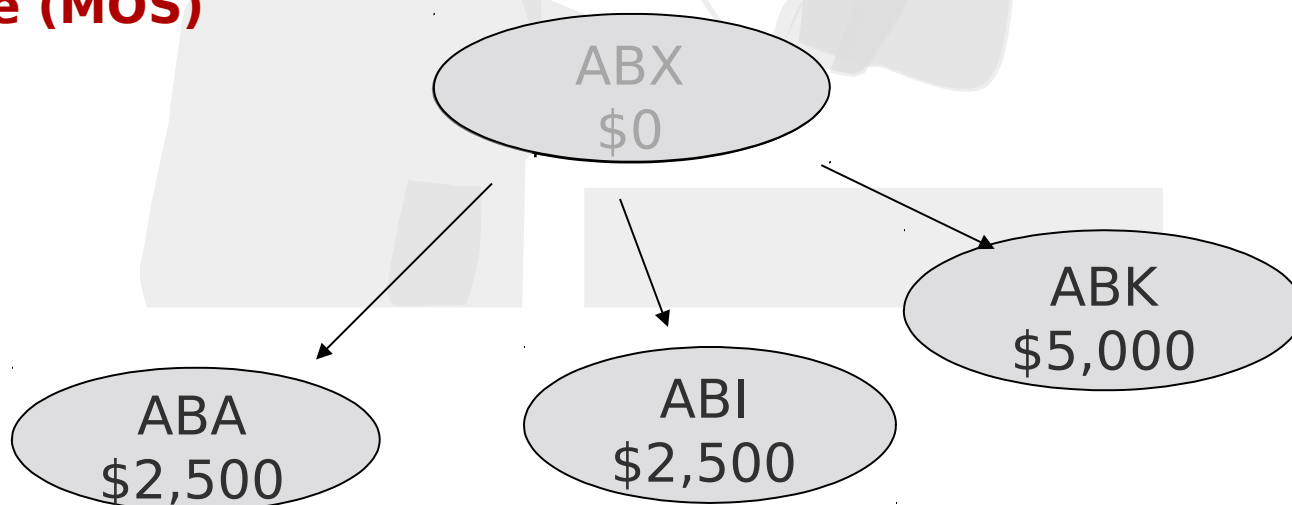
Cost pools are identified with an “**X**” in the 3rd FCC position. They are used when time and expense cannot be specifically assigned because two or more work centers share space, personnel or supplies. For example, ***mixed wards***.

Expenses and FTEs in cost pools are reassigned (***purified***) on the basis of workload.

Account Structure

Expense Purification

- Ward 3E has several nurses assigned to the cost pool (nursing salary dollars) shared by three specialties -- **Cost Pool ABX (\$10,000)**
 - ABA - General Surgery (2,500 MOS)
 - ABI - Plastic Surgery (2,500 MOS)
 - ABK - Urology (5,000 MOS)
- Nursing Salary dollars accumulated in ABX (\$10,000) are purified based on each specialty's proportional Ward 3E **minutes of service (MOS)**



Account Structure

Expense Allocation

Intermediate (Stepdown) Accounts

D - Ancillary Services

E - Support Services

Ancillary and Support expenses are allocated (stepped-down) across final accounts.

Final Operating Accounts

A - Inpatient Care

B - Ambulatory Care

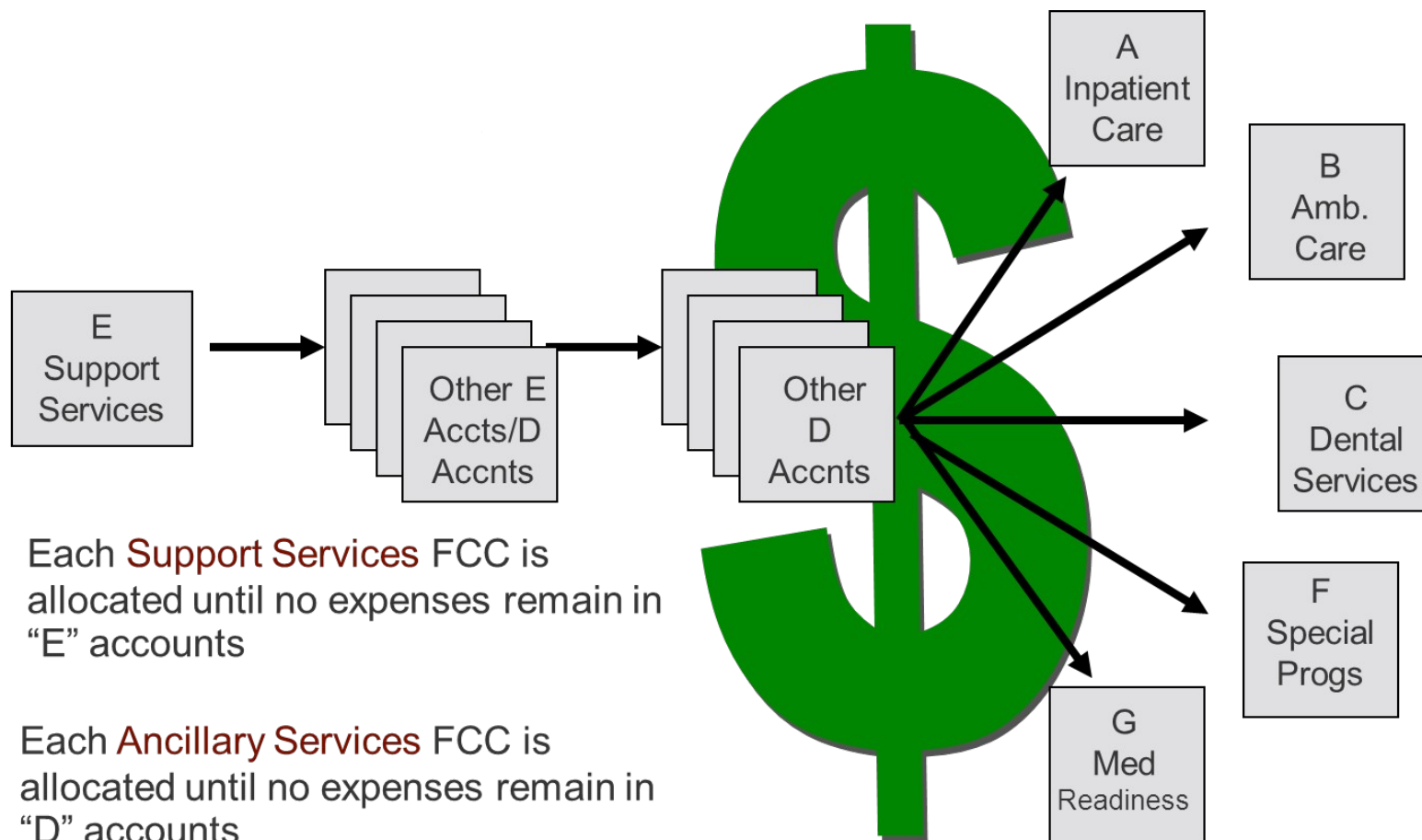
C - Dental Care

F - Special Programs

G - Medical Readiness

Account Structure

Expense Allocation



Financial

DoD	Air Force	Army	Navy
SEEC - Standard Expense Element Code	EEIC - Element of Expense Investment Code	EOR - Element of Resource	EE - Expense Element
PEC - Program Element Code	PEC - Program Element Code	AMSCO - Army Management Structure Code	SAG - Subactivity Group

Service specific codes that categorize expenses into Pay Data (Military & Civilian), Contracts, Supplies, Equipment, Base Operations, etc. are mapped to DoD standard codes in EAS.

Personnel

Full Time Equivalent (FTE)

Amount of labor available to the MTF work center if a person works fulltime for 1 month.

Assigned FTEs

Time reported by personnel assigned to specific positions/work centers on MTF manning documents.

1 FTE = the number of days in a month

Available FTEs

Time reported by any personnel in a given clinic for a given month. Includes those who are Assigned, attached, borrowed, contracted, volunteers, etc.

1 FTE = 168 man-hours in 1 month

(1FTE is calculated as an average of 21 work days per month x 8 hours per day)

Non-Available FTEs

Time reported by Assigned personnel in their Assigned work center that is unrelated to the healthcare mission such as

Personnel

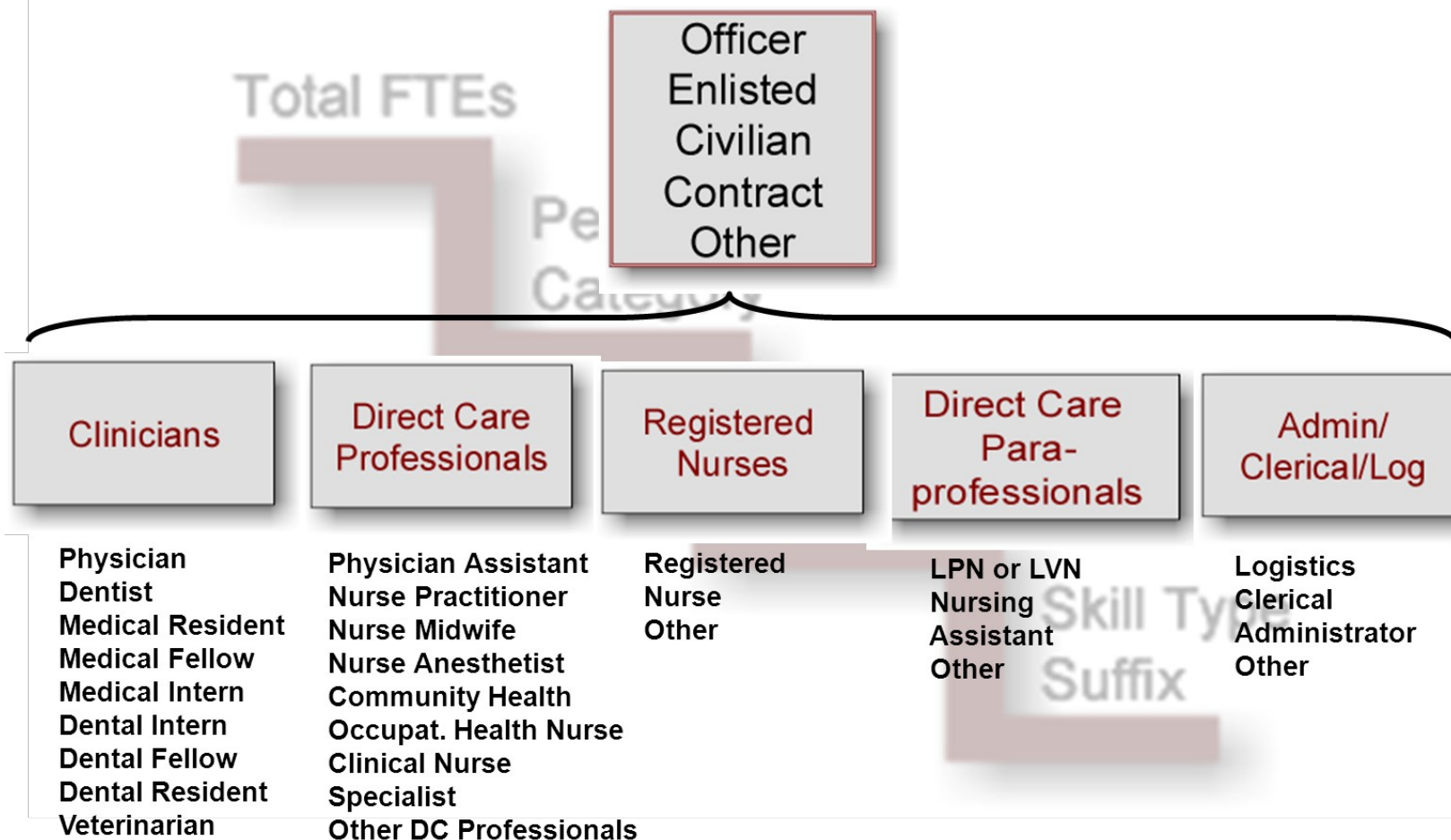
Total FTEs (Assigned /
Available)

Personnel
Category

Skill Type

Skill Type
Suffix

Personnel



Workload

The main function of workload data in EAS is to provide a basis to allocate expenses among work centers; therefore, workload is collected in relationship to costing. Historically, MEPRS workload in EAS with its limited focus has been used for analysis but today the MHS Data Mart (M2) is the official source of workload data because it serves an analysis mission.

Associated Workload

Inpatient Services

- Admissions
- Dispositions
- Occupied Bed Days
- Bassinet Days

Ambulatory Services

- Visits

Ancillary Services (D)

- Procedures (Raw and Weighted)
- Minutes of Service (Surgical)
- Hours of Service (ICU)

Special Programs (F)

- Immunizations
- Visits

Policy & Business Rules

- DoD 6010.13M (dated April 7, 2008)
 - Provides Tri-Service MEPRS program policy and guidance to all MEPRS reporting MTFs/DTFs.
 - Download from/access Online: www.meprs.info.

Chapter 1:	General Information
Chapter 2:	Chart of Functional Cost Codes
Chapter 3:	Guidelines And Reporting Requirements
Chapter 4:	Issue Process
Appendices	Acronyms, Definitions, Guidelines for reporting FTEs

Medical Expense and Performance Reporting System (MEPRS)

Data Quality Management Control Review List



Agenda

- **Education**

- 5M2U (MADI)
- QUEST

- **MEWACS**

- Data Load Status
- Outliers
- WWR/EAS IV
- Allocation

- **CCR**

MEPRS Education

Question A.7.c)

“Have the members of the DQ Assurance Team been trained in their area of responsibility?”

Note: A.7.c is to be used locally to ensure that team members have training in their functions and responsibilities. (E.g., Analysis: WISDOM; Medical Expense and Performance Reporting System (MEPRS): **MADI, QUEST**; Uniform Business Office (UBO): webinars; Patient Administration (PAD): Service PAD Course.)

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> 2007 MEPRS Conference

> 2005 MEPRS Conference

EAS IV Functional Data Dictionary

Six Sigma MEPRS Management Metrics (S2M3)

MEPRS Newsletter

MEPRS Minute

MEPRS Manual (DoD 6010.13-M) (PDF)

EAS IV Program Office Updates


MEPRS Questions? Contact Us

Welcome to MyMEPRS

The TMA MEPRS Program Office is pleased to introduce MyMEPRS, a portal community feature allowing users to share experiences, knowledge, and resources with their peers. Additional tools and enhancements allow interaction with the site itself.


MyMEPRS members can take advantage of such exciting new benefits as:

5 Minute MEPRS University




Learn the fundamentals of Business Objects, MEWACS, and the EAS IV Repository with this series of web-based tutorials. Demonstrations combined with audio offer query building guidance and tips for interpreting MEPRS data.

Forums



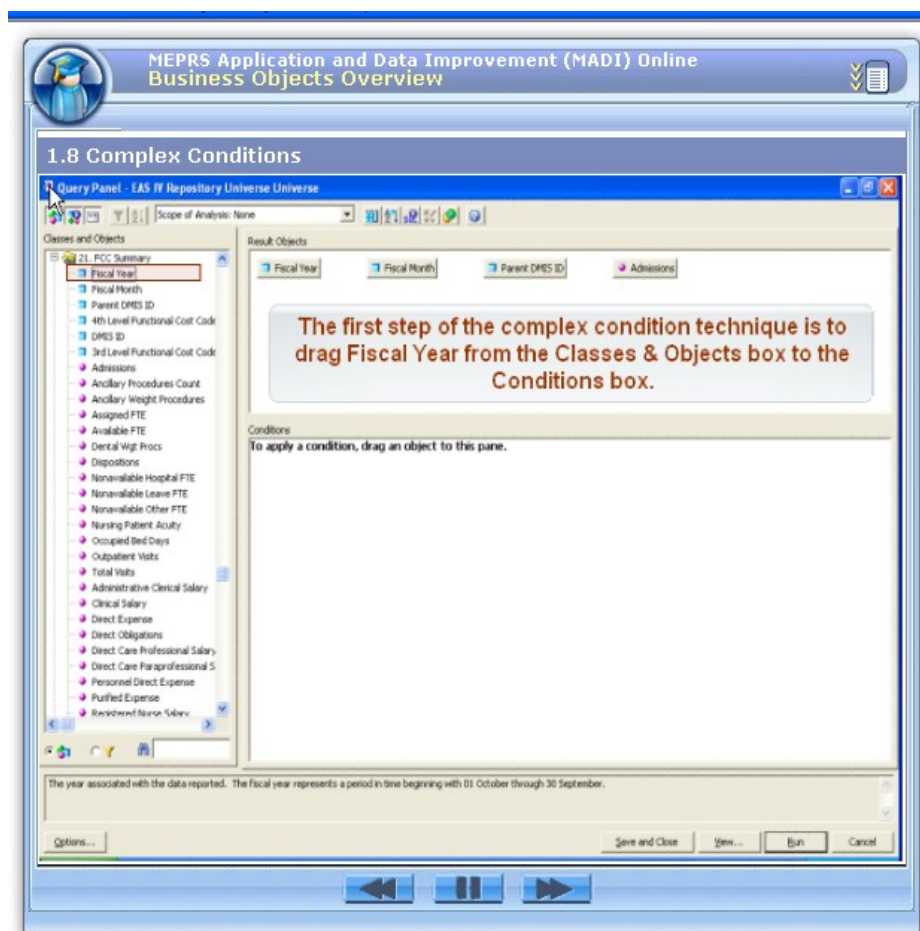
Network and share ideas with other members of the MEPRS community. Public profiles allow you to list your MEPRS experience and locate peers. Start a thread regarding a specific MEPRS topic, or join a discussion already in progress. Use the forum's private messaging capabilities for one-on-one communication. Personalize your messages with your own signature icon.

Calendars



Find out about MEPRS training, conferences, and more on the interactive calendar. Use the calendar to post events of interest to the MEPRS community or simply track your own private appointments.

FIVE MINUTE MEPRS UNIVERSITY (5M2U)



- A web-based distance learning vehicle that offers animated tutorials that illustrate MEPRS concepts and processes.

- Each tutorial contains targeted learning content and is approximately five minutes in length.

- Consists of the five core modules that make up the MEPRS Application and Data Improvement (MADI) course as well as modules to guide the repository user through common data extraction scenarios.

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EAS IV Program Office Updates

MEPRS Questions? Contact

QUEST Workshop



Q•U•E•S•T is a hands-on, interactive learning experience designed to provide participants the tools to perform meaningful analyses, to provide support for decision making, and to assess efficiency and productivity. It relies on a systematic data analysis approach designed to succeed given any question, request, or scenario. Like the MEPRS Application and Data Improvement (MADI) workshop, the focus is on interpretation and application of MEPRS data visible in the EAS IV Repository.

Who Should Attend?

Military Health System personnel who require a functional knowledge of MEPRS data to support Resource Management, MEPRS or Data Quality functions, or other divisions that could benefit from analysis of the data elements available in the Expense Assignment System (EAS).

Prerequisites

- Attendance at a MADI workshop OR completion of the following MADI Online learning modules via the Five Minute MEPRS University (5M2U):
 - Orientation to MEPRS Structure & Processes
 - MEPRS Sources, Applications, & Data Quality Implications
 - Business Objects Overview
 - Useful EAS IV Repository Metrics & Applications
 - Advanced Business Objects Techniques
- EAS IV Repository access OR pending application to receive EAS IV Repository access.

Course Objectives

- Discern the actual problem to be solved.
- Locate, understand, and utilize the arsenal of tools available.
- Build EAS IV repository queries using the appropriate classes and condition statements.
- Analyze the data for any known or hidden issues that may impact results.
- Document analysis results to include any caveats to the data that may influence decisions on how or if the data are used.

QUEST - Advanced MEPRS Course

Summary

A hands-on, instructor based, interactive learning experience designed to provide participants the tools to perform meaningful analyses, to provide support for decision making, and to assess efficiency and productivity.

Attendees will learn a step-by-step approach to data analysis targeting data available in the EAS IV repository.

Prerequisites

1. Successful completion of a MADI workshop OR currently, completion of the MADI Online learning modules via the Five Minute MEPRS University (5M2U).

2. Experience with Business Objects, MS Excel, and the MEPRS data available in the EAS IV repository. Refer to the portal for specific experience required.



QUEST - Advanced MEPRS Course

FY12 QUEST Schedule

Mar 6 - Mar 8, San Antonio, TX

May 8 - May 10, Falls Church, VA

Jun 5 - Jun 7, San Antonio, TX

Jul 31 - Aug 2, San Antonio, TX

DQMC Review List

Question C.1.d.)

“Were the data load status, outlier or variance, WWR (EAS IV), and allocation tabs in the MEWACS document reviewed and explanations provided in the comments section for flagged data anomalies?”

WWW.MEPRS.INFO/MEWACS



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BETA: Consolidated Cost Report (CCR)

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Learning Resources

MEWACS

MEWACS Online

MEWACS User's Guide

Download MEWACS-Excel

Executive Summary

Executive Summary Archives

MEPRS Management Improvement Group (MMIG)

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Quick Links

2011 Revenue Cycle Conference

2010 MEPRS Conference

2008 MEPRS Conference

2007 MEPRS Conference

2005 MEPRS Conference

Consolidated Cost Report (CCR)

EAS IV Functional Data Dictionary

Six Sigma MEPRS ManagementMetrics(S2M3)

MEPRS Newsletter

MEWACS Online

Welcome to the MEPRS Early Warning and Control System (MEWACS).

MEWACS is an interactive data quality feedback tool developed by the MEPRS Management Improvement Group (MMIG) to proactively identify, investigate, and resolve MEPRS data anomalies in a timely, systematic manner. Updated monthly, MEWACS contains numerous Tri-Service MTF activity level metrics, including:

- EAS IV Repository data load status and compliance with 45-day reporting suspense
- MTF-specific summary data outliers
- Interactive MTF MEPRS Data Profiles by 3rd level Functional Cost Code
- WWR vs. EAS IV Repository total ambulatory visit comparison
- Ancillary and Support expense allocation tests

Feedback received on the usefulness of this tool, metrics may be added, modified or deleted. Click the Contact Us button in the navigation bar to submit questions or suggestions.

MEWACS

»»» Click here to launch MEWACS Online! «««

Internet 100%

DQMC Review List

Review Item 1. “EAS IV Repository MEPRS data load status and compliance with the 45-day reporting suspense or Service Guidance whichever is earlier. If the facility has a pattern (2 or more) of flagged cells on this tab, has it corrected it or developed a plan to correct it? Provide an explanation in the Comments Section.”

Data Load Status

MEWACS
MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC **Saved Queries**

Select a metric: ▼

Parameters **Description**

Welcome to MEWACS Online!

- Select a metric, enter your search parameters, and click Submit.
- To view another metric, select a different indicator from the menu. Complete any additional search fields that appear, and click Submit.

Data Load Status

MEWACS

MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC: Saved Queries
Data Load Status

Parameters: Desc

Fiscal Year: 2012
2011
2010

Service: Army
Navy
Air Force
JTF CapMed

View Load Dates: Initial Transmission Dates

Show: All MTFs

Region/MAJCOM: Select All
AIR COMBAT COMMAND
AIR EDUCATION & TRAINING COMMAND
AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID: Select All
0001 - FOX AHC - REDSTONE ARSENAL
0003 - LYSER AHC-FT. RUCKER
0004 - 42ND MEDICAL GROUP - MAXWELL

☐ Export to Excel

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Data Load Status

Percent of 2012 MEPRS Data Reported(Completion):	73.5%
Current Fiscal Month Compliance with 45-day Reporting Requirement(Compliance):	73.5%
YTD Compliance with 45-day Reporting Requirement:	73.5%
Percent of MTFs with 3 or more late MEPRS data submissions:	0.0%

Parent DMIS ID 0037 (Walter Reed) is no longer reporting EAS data as of the July 2011 data month. Data Load Status statistics have been updated to reflect this change. Transmission dates for this site are visible through FM09.

Sites that transmitted their January data after March 15 will be flagged late in MEWACS even if they are compliant with the March 17 DoD suspense. This circumstance is unique to January data because February is a short month and MEWACS is configured to acquire data on the 16th of each month. For five months of the year, MEWACS matches the DoD compliance timeline. For six months, the sites get one day of grace.

ID	Name	Service	01	02	03	04	05	06	0
0001	FOX AHC - REDSTONE ARSENAL	A	12/14/2011						
0003	LYSTER AHC-FT. RUCKER	A	12/08/2011						
0004	42ND MEDICAL GROUP - MAXWELL	F	12/01/2011						
0005	BASSETT ACH-FT. WAINWRIGHT	A	12/01/2011						
0006	673rd MED GRP-ELMENDORF	F							
0008	R W BLISS AHC - FT. HUACHUCA	A	12/13/2011						
0009	56th MED GRP-LUKE	F	12/05/2011						
0010	355th MED GRP-DAVIS MONTHAN	F	12/01/2011						
0013	19th MEDICAL GROUP-LITTLE ROCK	F	12/13/2011						
0014	60th MED GRP-TRAVIS	F							
0015	9th MED GRP-BEALE	F	12/13/2011						
0018	30th MED GRP-VANDENBERG	F	12/08/2011						
0019	95th MED GRP-EDWARDS	F							
0024	NH CAMP PENDLETON	N	11/30/2011						
0028	NH LEMOORE	N							
0029	NMC SAN DIEGO	N	12/14/2011						
0030	NH TWENTYNINE PALMS	N							
0032	EVANS ACH-FT. CARSON	A	12/15/2011						

Data Load Status

MEWACS

MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC Saved Queries

Data Load Status

Parameters Describe

Fiscal Year: 2012
2011
2010

Service: Army
Navy
Air Force
JTF CapMed

View Load Dates: Most Recent Transmission Dates

Show: All MTFs

Region/MAJCOM: Select All
AIR COMBAT COMMAND
AIR EDUCATION & TRAINING COMMAND
AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID: Select All
0001 - FOX AHC - REDSTONE ARSENAL
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0030	NH TWENTYNINE PALMS	N							
0032	EVANS ACH-FT. CARSON	A	12/15/2011						

Data Load Status

MEWACS

MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC: **Saved Queries**

Data Load Status

Parameters

Fiscal Year: 2012
Service: Army, Navy, Air Force, JTF CapMed

View Load Dates: Most Recent Transmission Dates

Show: All MTFs

Region/MAJCOM: Select All, AIR COMBAT COMMAND, AIR EDUCATION & TRAINING COMMAND, AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID: Select All, 0001 - FOX AHC - REDSTONE ARSENAL, 0003 - LYSER AHC-FT. RUCKER, 0004 - 42ND MEDICAL GROUP - MAXWELL

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0024	NH CAMP PENDLETON	N	12/06/2011					
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0014	60th MED GRP-TRAVIS	F						
0015	9th MED GRP-BEALE	F	12/13/2011					
0018	30th MED GRP-VANDENBERG	F	12/08/2011					
0019	95th MED GRP-EDWARDS	F						
0024	NH CAMP PENDLETON	N	12/06/2011					
0028	NH LEMOORE	N						
0029	NMC SAN DIEGO	N	12/14/2011					
0030	NH TWENTYNINE PALMS	N						
0032	EVANS ACH-FT. CARSON	A	12/15/2011					

**MED GRP-ELMENDORF
Notification of Flagged Data**

was not transmitted within 45 calendar
100% time card approval requirement
not attained. MEPRS manning shortfalls
prevented aggressive follow-up on
rent timecards. Personnel
missing/outprocessing challenges have
contributed to delays in time card submission.
Force DQ Summary Report, December

Close this window

DQMC Review List

Review Item 2. “MTF-specific summary data outliers. If the facility has any Prior Fiscal Year or Current Fiscal Year flagged cells on this tab, provide an explanation in the Comments Section.”

Summary Outliers

MEWACS
MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC [Saved Queries](#)

Summary Outliers

Parameters [Description](#)

Fiscal Year: 2012
2011
2010

Service:
Army
Navy
Air Force
JTF CapMed

Region/MAJCOM:
Select All
AIR COMBAT COMMAND
AIR EDUCATION & TRAINING COMMAND
AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID:
Select All
0001 - FOX AHC - REDSTONE ARSENAL
0003 - Lyster AHC-FT. RUCKER
0004 - 42ND MEDICAL GROUP - MAXWELL

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Summary Outliers

DMIS ID	DMIS Name	Service	Dispositions	Total Visits	Personnel Direct ...	Total Expenses	Assigned FTEs	Availa	
0009	56th MED GRP-LUKE	F					01		
0015	9th MED GRP-BEALE	F							
0032	EVANS ACH-FT. CARSON	A			01				
0033	10th MED GROUP-USAF ACADEMY CO	F					01		
0050	23rd MED GRP-MOODY	F			01				
0052	TRIPLER AMC-FT SHAFTER	A				01			
0060	BLANCHFIELD ACH-FT. CAMPBELL	A					01		
0069	KIMBROUGH AMB CAR CEN-FT MEADE	A				01	01		
0077	341st MED GRP-MALMSTROM	F			01				
0078	55th MED GRP-OFFUTT	F				01			
0085	27th SPEC OPS MED GRP-CANNON	F						01	
0100	NAVAL HLTH CLINIC NEW ENGLAND	N							
Grand Total				0	1	6	7	10	0

Outliers flagged in **BLUE** have explanations available *. Place your mouse over the area to view.

Search Criteria Used:

Fiscal Year	2012
Service	ALL
Region	ALL
Parent DMISID	ALL

Clicking on the outlier month will take you to MTF Data Profiles

Summary Outliers

MEWACS
MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC: **Saved Queries**
MTF Data Profiles

Parameters: **Description**

Fiscal Year: 2012, 2011, 2010
Service: Army, Navy, Air Force, JTF CapMed

Region/MAJCOM: Select All, EUROPE REGIONAL MEDICAL COMMAND, NORTHERN REGIONAL MEDICAL COMMAND, PACIFIC REGIONAL MEDICAL COMMAND

Parent DMIS ID: 0052 - TRIPLER AMC-FT SHAFTER, 0057 - IRWIN ACH-FT. RILEY, 0058 - MUNSON AHC - FT. LEAVENWORTH, 0060 - BLANCHFIELD ACH-FT. CAMPBELL

Child DMIS ID: Select All, 0052 - TRIPLER AMC-FT SHAFTER, 0278 - POHAULOA TMC, 0437 - SCHOFIELD BARRACKS AHC

3rd Level FCC: Select All, All A - Inpatient, AAA - INPT INTERNAL MEDICINE, AAB - INPT CARDIOLOGY

4th Level FCC: Select All, AAAA, AABA, AADA

MTF Data Profiles

Data Type	2011-07	2011-08	2011-09	2011-10	2011-11	2011-12	2012-01
Dispositions	1,374.00	1,359.00	1,310.00	1,228.00	1,407.00	1,321.00	1,367.00
Total Visits	90,293.00	89,503.00	100,809.00	93,239.00	100,915.00	96,125.00	94,851.00
Occupied Bed Days	4,521.00	5,261.00	4,764.00	4,492.00	4,920.00	4,978.00	5,151.00
Dental Weighted Procedures	34,966.36	32,648.51	33,187.29	29,127.08	35,605.21	37,281.90	36,170.03
Total Expenses	53,985,679.25	58,046,340.01	55,248,756.41	37,584,733.25	50,879,621.52	52,240,555.71	81,977,749.97
Cost Per Disposition	11,546.87	12,414.30	11,517.60	7,631.71	9,987.69	9,814.43	10,588.16
Cost Per Visit	256.17	293.19	243.44	148.38	216.51	216.44	214.45
Cost Per DWP	45.78	55.48	49.06	49.71	48.44	60.71	38.43

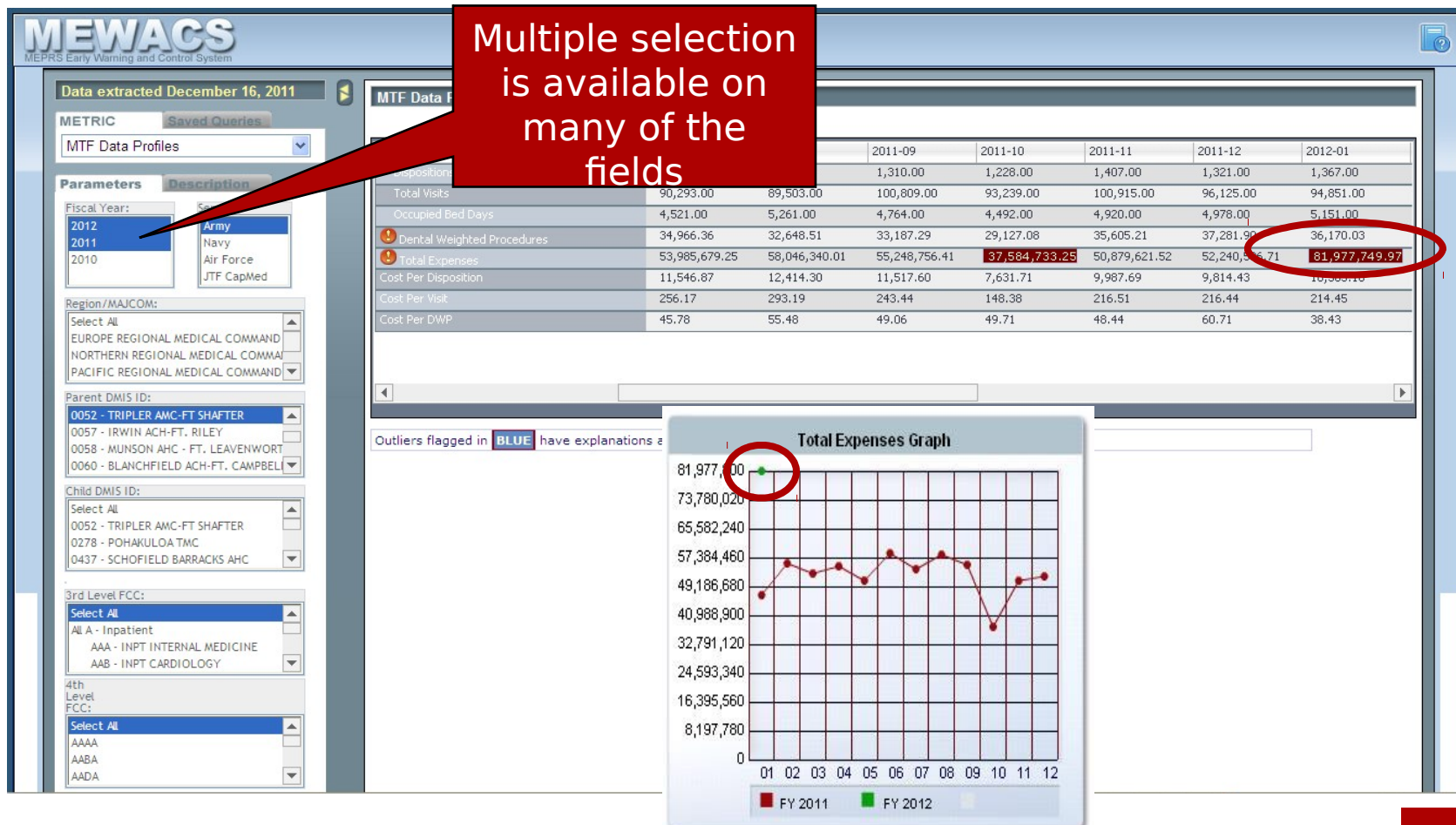
Outliers flagged in BLUE have explanations at http://www.meprs.info/mol/mtfdp_pop.cfm?getdet=exp

Explanation of Flagged Total Expenses Data

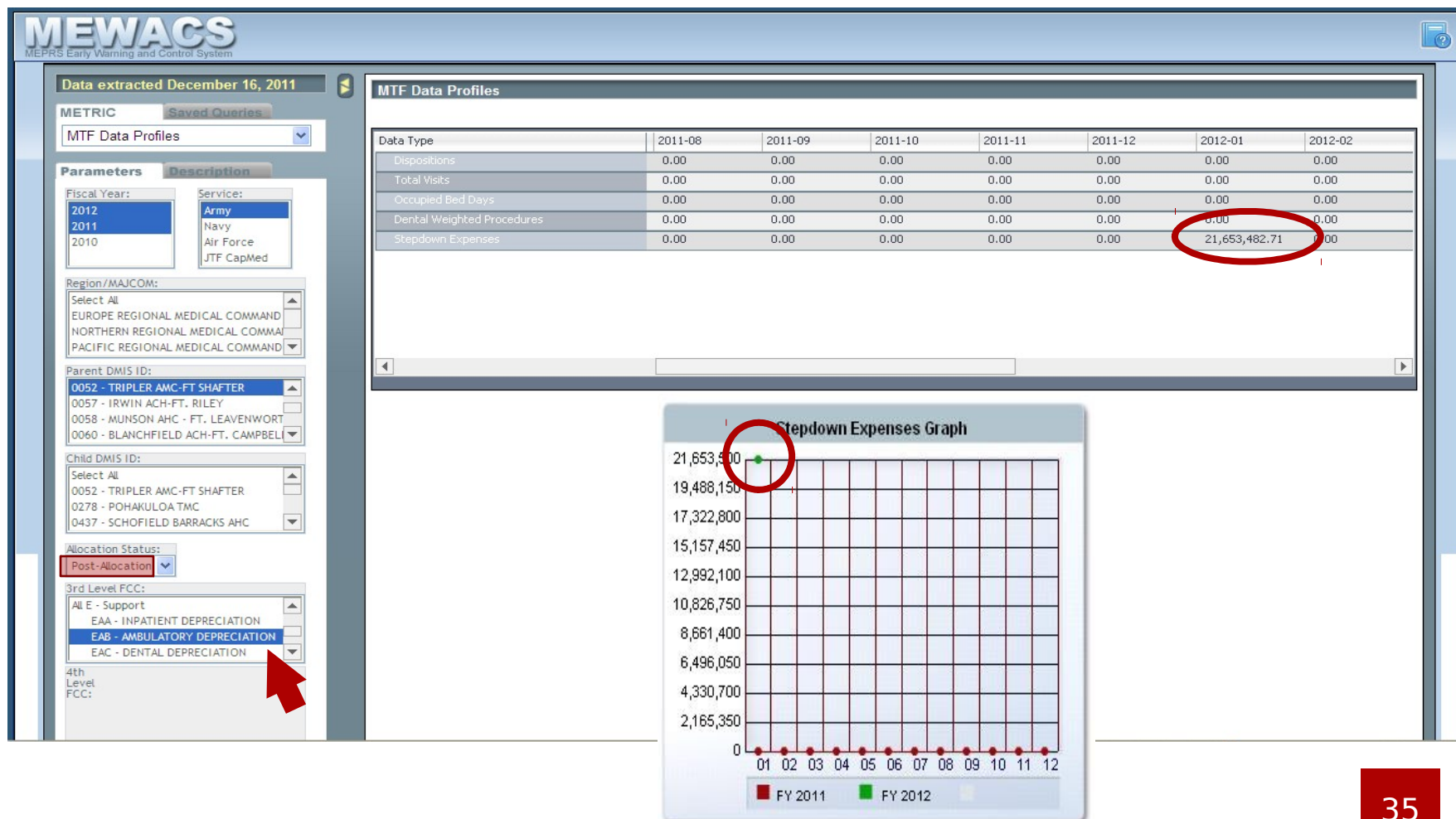
Is a flag? Use the FCC menus to identify the work or cost center(s) responsible for the flag. Review each account separately to gauge where the outlier occurs. Check the source data in the Service financial system and the summary data in DMHRSi to determine if you should reprocess.

Close this window

Summary Outliers



Summary Outliers



DQMC Review List

Review Item 3. “WWR - EAS IV total ambulatory visit comparison. If the facility has any Prior Fiscal Year or Current Fiscal Year fiscal month data where WWR vs. EAS IV visit counts differ by greater than 5%, provide an explanation in the Comments Section.”

WWR/EAS IV

MEWACS

MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC Saved Queries

WWR/EAS IV Outliers

Parameters Description

Fiscal Year: 2012
2011
2010

Service: Army
Navy
Air Force
JTF CapMed

Data Type: Total Visits

Region/MAJCOM: Select All
AIR COMBAT COMMAND
AIR EDUCATION & TRAINING COMMAND
AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID: Select All
0001 - FOX AHC - REDSTONE ARSENAL
0003 - LYSER AHC-FT. RUCKER
0004 - 42ND MEDICAL GROUP - MAXWEL

Child DMIS ID: Select All
0001 - FOX AHC - REDSTONE ARSENAL
0003 - LYSER AHC-FT. RUCKER
0004 - 42ND MEDICAL GROUP - MAXWEL

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WWR/EAS IV Outliers

0018 - 30th MED GRP-VANDENBERG				
FM	WWR Total Visits	EAS IV Total Visits	Difference	
01	2,878	2,704	- 6.0%	
Total:	2,878	2,704	- 6.0%	

0101 - 20th MED GRP-SHAW				
FM	WWR Total Visits	EAS IV Total Visits	Difference	
01	4,784	5,057	5.7%	
Total:	4,784	5,057	5.7%	

0204 - TMC FT. RICHARDSON				
FM	WWR Total Visits	EAS IV Total Visits	Difference	
01	4,292	4,744	10.5%	
Total:	4,292	4,744	10.5%	

0308 - KIRK AHC-ABERDEEN PRVNG GD				
FM	WWR Total Visits	EAS IV Total Visits	Difference	
01	3,281	3,088	- 5.9%	
Total:	3,281	3,088	- 5.9%	

0351 - LETTERKENNY ARMY DEPOT AHC				
FM	WWR Total Visits	EAS IV Total Visits	Difference	
01	406	348	- 14.3%	

DQMC Review List

Review Item 4. “Ancillary and Support expense allocation tests. If the facility is flagged in the Prior Fiscal Year or Current Fiscal Year due to incomplete allocation of ancillary or support expenses, provide an explanation in the Comments Section, including projected date for submitting corrected data.”

Allocation

MEWACS

MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC Save Queries

Allocation Test

Parameters Description

Fiscal Year: 2012
2011
2010

Service: Army
Navy
Air Force
JTF CapMed

Show: MTFs with Flags

Region/MAJCOM:
Select All
AIR COMBAT COMMAND
AIR EDUCATION & TRAINING COMMAND
AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID:
Select All
0001 - FOX AHC - REDSTONE ARSENAL
0003 - LYSER AHC-FT. RUCKER
0004 - 42ND MEDICAL GROUP - MAXWEL

Child DMIS ID:
Select All
0001 - FOX AHC - REDSTONE ARSENAL
0003 - LYSER AHC-FT. RUCKER
0004 - 42ND MEDICAL GROUP - MAXWEL

FCC: Both ☐ Export to Excel

SUBMIT

Allocation Test

Cumulative Statistics for 2012

Total expenses unallocated:	\$ 34,619,674
Percent of MTFs with expenses unallocated:	100.0%

ID	Name	01	02	03	04	05	06	0 YTD Total
0052	TRIPLER AMC-FT SHAFTER	\$ 34,586,070						\$ 34,586,070
0078	55th MED GRP-OFFUTT	\$ 12,067						\$ 12,067
0356	628th MED GRP-CHARLESTON	\$ 9,210						\$ 9,210
0640	374th MED GRP-YOKOTA AB	\$ 10,285						\$ 10,285
0804	18th MED GRP-KADENA AB	\$ 2,042						\$ 2,042

Search Criteria Used:

Fiscal Year 2012

Allocation

MEWACS

MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC Saved Queries

Allocation Detail

Parameters Description

Fiscal Year:

2012

2011

2010

Service:

Army

Navy

Air Force

JTF CapMed

Region/MAJCOM:

Select All

AIR COMBAT COMMAND

AIR EDUCATION & TRAINING COMMAND

AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID:

Select All

0001 - FOX AHC - REDSTONE ARSENAL

0003 - LYSER AHC-FT. RUCKER

0004 - 42ND MEDICAL GROUP - MAXWEL

Child DMIS ID:

Select All

0001 - FOX AHC - REDSTONE ARSENAL

0003 - LYSER AHC-FT. RUCKER

0004 - 42ND MEDICAL GROUP - MAXWEL

Show:

FCCs with flags

FCC:

Both

☐ Export to Excel



Allocation Detail

FCC	FCC Description	01	02	03	04	05	06	YTD Total
EAC	DENTAL DEPRECIATION	\$ 342,003						\$ 342,003
EAE	MEDICAL READINESS DEPRECIATION	\$ 10,285						\$ 10,285
EAB	AMBULATORY DEPRECIATION	\$ 21,662,693						\$ 21,662,693
EAA	INPATIENT DEPRECIATION	\$ 11,925,211						\$ 11,925,211
EAD	SPECIAL PROGRAMS DEPRECIATION	\$ 679,483						\$ 679,483

Search Criteria Used:

Fiscal Year 2012

WWW.MEPRS.INFO/CCR

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[Stats](#)
[Maint. Restricted](#)
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[MyMEPRS](#)
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[MEPRS Newsletter](#)
[MEPRS Minute](#)
[MEPRS Manual \(DoD 6010.13-M\) \(PDF\)](#)
[EAS IV Program Office Updates](#)

Consolidated Cost Report (CCR) Downloads




The Consolidated Cost Report (CCR) is an interactive Service-specific monthly MEPRS data snapshot by Military Treatment Facility, Fiscal Month, and 4th-Level Functional Cost Code. The purpose of the CCR is to expedite data quality evaluation, expense and workload validation, and MEPRS data management by providing detailed monthly expense data at the intermediate account level evoking the MEPR-1 reports from the past. This data surveillance tool is designed for use in conjunction with MEWACS to further enhance the Data Quality Management Control program. Data flagged include negative expenses, expenses without workload, unallocated expenses, and instances where expenses are zero in the current FY but not in the baseline FY. For more details on flagged data, please visit the Notes and Documentation section of the workbook.

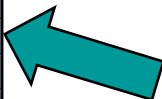
Due to size, the workbooks are divided into each service and those sites that are listed as resident in the Joint Task Force National Capital Region Medical (JTF CapMed). Presently, sites listed as JTF CapMed are:

DMIS ID	Name
0037	WALTER REED AMC - WASHINGTON DC
0067	NNMC BETHESDA
0123	DEWITT ACH - FT BELVOIR

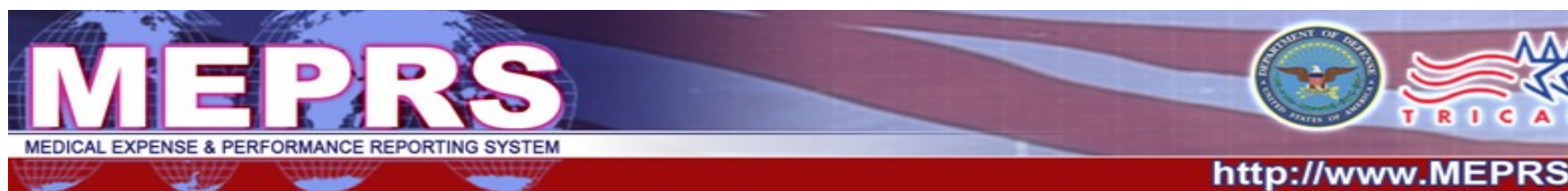
This list will be updated as information is officially disseminated.

Download:

ARMY	NAVY	AIR FORCE
 (2mb)	 (3mb)	 (3mb)



CCR



FY10 Consolidated Cost Report (CCR)

An interactive Service-specific monthly MEPRS data snapshot by Military Treatment Facility, Fiscal Month, and 4th-Level Functional Cost Code incorporating automated variance detection to facilitate data quality evaluation, expense and workload validation, and monthly local MEPRS data management.



CCR

FY 12 MEPRS Consolidated Cost and Workload Report: Navy

[Front Page](#)

Executive Summary

Note:

This Executive Summary report offers the percent of flagged monthly expense and workload components by MTF. It should be interpreted with caution as it gauges the frequency of potential data anomalies, not the magnitude of the data variance detailed by CCR. It is useful for distinguishing MTFs and Fiscal Months within MTFs that exhibit a significant amount of data variability. Empty cells represent insufficient data for metric.

Key:

Version:

December 2011

Over 15% of CCR cost and workload flagged

Over 25% of CCR cost and workload flagged

		FY 2012 Fiscal Months											
Facility	Clinical Service	01	02	03	04	05	06	07	08	09	10	11	12
0385 - NHC QUANTICO	MEPRS B - Outpatient	22.6%											
	MEPRS C - Dental	13.3%											
	MEPRS D - Ancillary	20.0%											
	MEPRS E - Support	6.3%											
	MEPRS F - Special Progs	10.0%											
	MEPRS G - Readiness	0.0%											
0457 - NDC CAMP PENDLETON	MEPRS C - Dental	4.8%											
	MEPRS D - Ancillary	0.0%											
	MEPRS E - Support	3.0%											
	MEPRS F - Special Progs	0.0%											
	MEPRS G - Readiness												
0492 - NDC CAMP LEJEUNE	MEPRS C - Dental	2.7%											
	MEPRS D - Ancillary	1.3%											
	MEPRS E - Support	1.1%											
	MEPRS F - Special Progs												
	MEPRS G - Readiness	0.0%											
0615 - NH GUANTANAMO BAY	No Data Reported												
0617 - NH NAPLES	MEPRS A - Inpatient	7.5%											
	MEPRS B - Outpatient	9.3%											

Summary Outliers

MEWACS

MEPRS Early Warning and Control System

Data extracted December 16, 2011

METRIC Saved Queries

Summary Outliers

Parameters Description

Fiscal Year:

2012

2011

2010

Service:

Army

Navy

Air Force

JTF CapMed

Region/MAJCOM:

Select All

AIR COMBAT COMMAND

AIR EDUCATION & TRAINING COMMAND

AIR FORCE DISTRICT WASHINGTON

Parent DMIS ID:

Select All

0001 - FOX AHC - REDSTONE ARSENAL

0003 - LYSER AHC-FT. RUCKER

0004 - 42ND MEDICAL GROUP - MAXWEL

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Summary Outliers

DMIS ID	DMIS Name	Service	Dispositions	Total Visits	Personnel Direct ...	Total Expenses	Assigned
0114	47th MED GRP-LAUGHLIN	F					
0121	MCDONALD AHC-FT. EUSTIS	A				01	
0122	KENNER AHC-FT. LEE	A			01	01	01
0129	90th MED GRP-F.E. WARREN	F					
0203	354th MED GRP-EIELSON	F					01
0385	NHC QUANTICO	N				01	
0457	NDC CAMP PENDLETON	N					01
0606	HEIDELBERG MEDDAC	A					01
0618	NH ROTA	N			01		
0633	48th MED GRP-LAKENHEATH	F					01
0804	18th MED GRP-KADENA AB	F		01	01		
0805	52nd MED GROUP-SPANGDAHLEM	F					
Grand Total			0	1	6	7	10

Outliers flagged in **BLUE** have explanations available *. Place your mouse over the area to view.

Search Criteria Used:

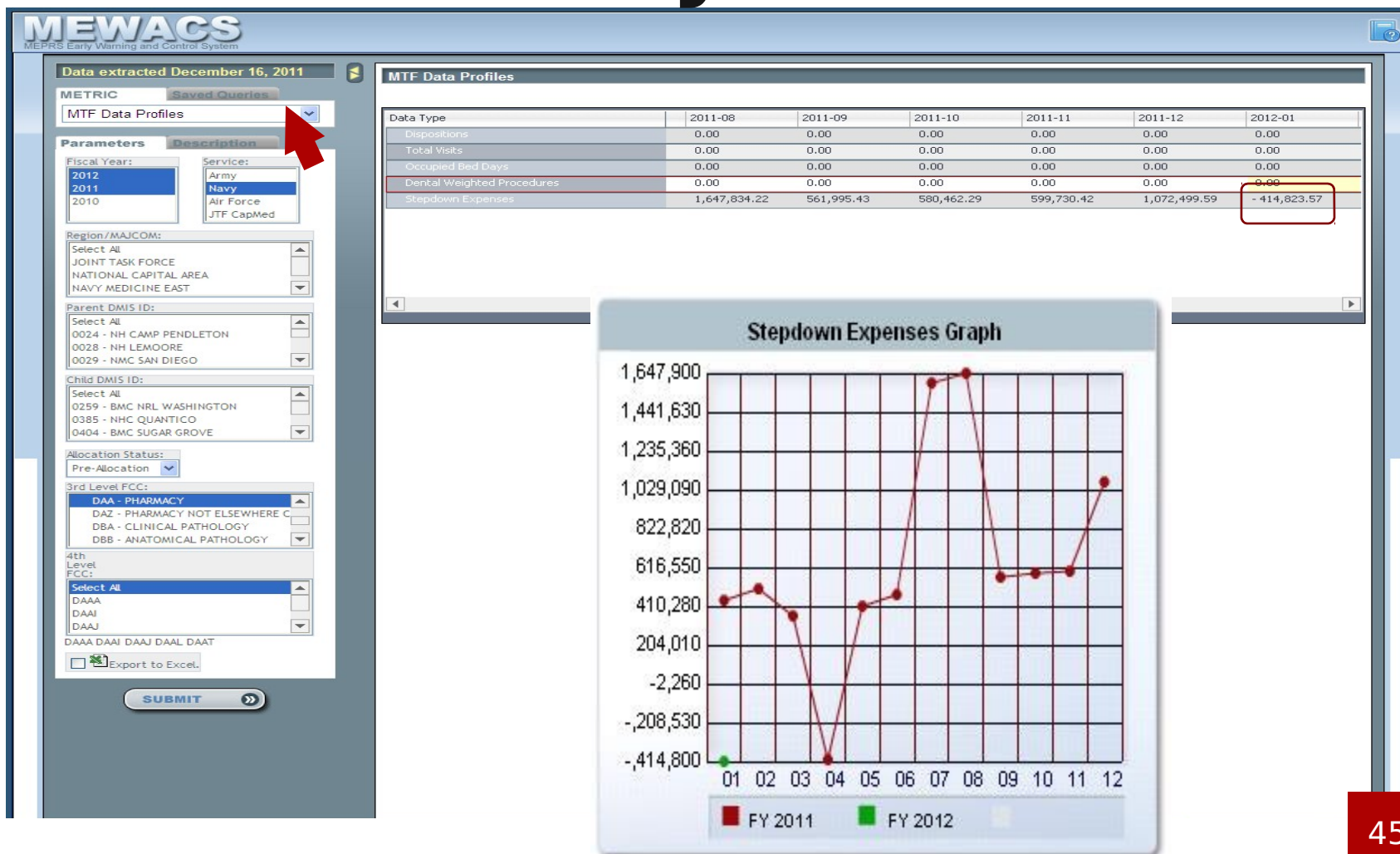
Fiscal Year: 2012

Service: A,N,F,J

Region: ALL

Parent DMISID: ALL

Summary Outliers



CCR

FY12 MEPRS Consolidated Cost and Workload Report: Navy

[Go to FY12 Data](#)
[Front Page](#)
[Go to FY11 Baseline](#)

Select Parent Facility Below

0385 - NHC QUANTICO

Select Fiscal Month Below

FM01 - October

Select 1st-Level FCC Code

MEPRS D - Ancillary

Key: +/- 3 Std. Deviations from FY11 baseline monthly average

4th Level Functional Cost Code	4th Level Functional Cost Code Description	Workload			Purified Direct Labor Expense	Purified Direct Non-Labor Expense	Total Indirect Expenses (E & D)				
		DISP	OBD	TOV				EA	EBH	OTHER EB	
								DEPRECIATION	THIRD PARTY COLLECTIONS ADMINISTRATION	COMMAND, MANAGEMENT, AND ADMINISTRATION	S
								OBD / TOTV	CLAIMS BILLED	AVAILABLE FTE	SQUA
DAAA	PHARMACY	0	0	0	\$74,138	-\$536,827	\$31,828	\$0	\$0	\$26,234	
DBAA	CLINICAL PATHOLOGY	0	0	0	\$56,187	-\$211	\$17,882	\$0	\$0	\$14,610	
DCAA	DIAGNOSTIC RADIOLOGY	0	0	0	\$40,455	\$14,563	\$82,932	\$0	\$0	\$8,619	
DEAA	CENTRAL STERILE	0	0	0	\$2,998	\$0	\$1,785	\$0	\$0	\$1,475	
DAAT	PHARMACY	0	0	0	\$9,128	\$0	\$2,302	\$0	\$0	\$1,474	
DBAT	CLINICAL PATHOLOGY WNY 32563	0	0	0	\$9,470	\$0	\$2,483	\$0	\$0	\$1,313	
DAAI	PHARMACY - TBS	0	0	0	\$180	\$17	\$506	\$0	\$0	\$135	
DBAI	CLINICAL PATHOLOGY-TBS	0	0	0	\$757	\$0	\$413	\$0	\$0	\$345	
DCAI	DIAGNOSTIC RADIOLOGY-TBS	0	0	0	\$5,580	\$0	\$2,391	\$0	\$0	\$1,957	
DAAL	PHARMACY SG 32747	0	0	0	\$2,407	-\$548	\$1,918	\$0	\$0	\$1,356	
DBAL	PATHOLOGY LAB SG 32747	0	0	0	\$939	\$0	\$1,305	\$0	\$0	\$659	
DAAJ	PHARMACY - OCS	0	0	0	\$60	\$0	\$71	\$0	\$0	\$42	
DBAJ	LABORATORY - OCS	0	0	0	\$9,694	\$0	\$1,847	\$0	\$0	\$1,567	
DCAJ	DIAGNOSTIC RADIOLOGY - OCS	0	0	0	\$4,802	\$0	\$2,202	\$0	\$0	\$1,800	
DCAT	DIAGNOSTIC RADIOLOGY WNY 32563	0	0	0	\$5,515	\$0	\$2,446	\$0	\$0	\$765	
DEAT	CENTRAL STERILE SUPPLY WNY 0703	0	0	0	\$3,949	\$0	\$663	\$0	\$0	\$604	

CCR

FY12 MEPRS Consolidated Cost and Work

Go to FY12 Data

Front Page

Go to FY11 Baseline

Select Parent Facility Below

0385 - NHC QUANTICO

Select Fiscal Month Below

FM01 - October

Select 1st-Level FCC Code

MEPRS B - Outpatient

Key: +/- 3 Std. Deviations from FY11 baseline monthly average

4th Level Functional Cost Code	4th Level Functional Cost Code Description	Left to Right Stepdown Sequence Order)									
		EK	EL	DE	DA	DB	DC	DD	DF	DG	
		AMBULATORY CARE PATIENT ADMIN.	MANAGED CARE	CENT STERILE SUPPLY/MATERIEL SERV	PHARMACY SERVICE	PATHOLOGY	RADIOLOGY	SPECIAL PROCEDURE SERVICES	SURGICAL SERVICES	SAME DAY SERVICES	
		Performance Factors									
		TOTV	AVAILABLE FTE	HOURS OF SERVICE	WEIGHTED PROCEDURES	WEIGHTED PROCEDURES	WEIGHTED PROCEDURES	WEIGHTED PROCEDURES	MINUTES OF SERVICE	MINUTES OF SERVICE	
BAAA	INTERNAL MEDICINE / SPECIALTY CLINIC	\$512	\$755	\$0	-\$3,167	\$277	\$384	\$0	\$0	\$0	
BAPA	DERMATOLOGY CLINIC	\$761	\$174	\$0	-\$6,289	\$58	\$0	\$0	\$0	\$0	
BFDA	MENTAL HEALTH CLINIC	\$4,673	\$1,601	\$0	-\$11,338	\$2,156	\$0	\$0	\$0	\$0	
BHCA	OPTOMETRY CLINIC	\$3,586	\$936	\$0	-\$3,959	\$55	\$261	\$0	\$0	\$0	
BHGA	OCCUPATIONAL HEALTH CLINIC	\$2,119	\$1,013	\$0	-\$1,102	\$2,584	\$769	\$0	\$0	\$0	
BJAA	FLIGHT MEDICINE CLINIC	\$93	\$651	\$0	-\$1,515	\$583	\$2,150	\$0	\$0	\$0	
BLAA	PHYSICAL THERAPY CLINIC (MAINSIDE)	\$3,967	\$1,067	\$0	-\$138	\$0	\$3,281	\$0	\$0	\$0	
BGZA	FAMILY MHP - TEAM 1	\$17,683	\$7,723	\$127	-\$85,932	\$22,477	\$45,551	\$0	\$0	\$0	
BHA2	PDHRA (DEPLOYMENT HEALTH CLINIC)	\$13,220	\$3,414	\$0	-\$9,787	\$6,282	\$15,293	\$0	\$0	\$0	
BHAJ	PRIMARY CARE CLINIC-OCS	\$6,164	\$9,317	\$0	-\$1,605	\$15,409	\$8,601	\$0	\$0	\$0	
BHFA	COMMUNITY HEALTH CLINIC	\$171	\$685	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
BHAA	PRIMARY CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
BGZC	FAMILY MHP - TEAM 2	\$0	\$0	\$0	\$33	\$0	\$0	\$0	\$0	\$0	
BGZD	FAMILY MHP - TEAM 3	\$16,076	\$4,024	\$115	-\$90,247	\$14,297	\$43,061	\$0	\$0	\$0	
BHGT	OCCUPATIONAL HEALTH CLINIC WNY 0703	-\$80	\$150	\$0	\$67	\$766	\$862	\$0	\$0	\$0	
BHAT	PRIMARY CARE CLINICS WNY 32563	-\$779	\$268	\$210	\$2,172	\$5,790	\$1,998	\$0	\$0	\$0	
BHAI	PRIMARY CARE CLINIC-TBS	\$6,536	\$5,661	\$0	-\$6,202	\$5,888	\$4,963	\$0	\$0	\$0	
BHAL	PRIMARY CARE CLINICS SG 32747	\$0	\$80	\$0	\$3,593	\$2,263	\$0	\$0	\$0	\$0	
BEDI	TBS CHIROPRACTIC CLINIC	\$1,040	\$378	\$0	\$0	\$0	\$251	\$0	\$0	\$0	
BLAJ	PHYSICAL THERAPY CLINIC-OCS	\$5,900	\$1,506	\$0	-\$40	\$0	\$2,240	\$0	\$0	\$0	
BHCT	OPTOMETRY CLINIC WNY 32563	-\$73	\$81	\$0	\$524	\$0	\$0	\$0	\$0	\$0	
BLAI	PHYSICAL THERAPY CLINIC-TBS	\$1,607	\$321	\$0	\$7	\$27	\$627	\$0	\$0	\$0	
BARJ	SPORTS MED/ORTHOPEDIC CLINIC OCS	\$8	\$561	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
BDZA	PEDIATRIC MHP TEAM 1	\$9,401	\$2,932	\$121	-\$28,387	\$1,857	\$13,833	\$0	\$0	\$0	
BEDJ	OCS CHIROPRACTIC CLINIC	\$2,554	\$457	\$0	\$0	\$0	\$2,511	\$0	\$0	\$0	
BEDT	OCS CHIROPRACTIC CLINIC WNY 32563	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Anomaly Criteria

CCR employs a multi-step criteria for flagging workload and cost components for further inspection:

- 1. All negative expense values are flagged.**
- 2. Ancillary and Support expenses remaining after step down closeout are flagged.**
- 3. \$0 expense values in a fiscal month by 4th-Level FCC are flagged if average monthly baseline comparison expenses for same 4th-Level FCC exist.**
- 4. Workload values are flagged if no workload is reported in a fiscal month but expenses are reported for same 4th-Level FCC.**

Anomaly Criteria

- 5. MTF-specific 4th-Level FCCs accounting for 80% of total MTF expenses are selected for further analysis. This reduces the number of FCCs evaluated to generally the 20% of 4th-level FCCs that account for 80% of MTF expenses (Pareto Principle or 80-20 Rule). Current fiscal year expense elements deviating by more than 3 Standard Deviations from the average of the previous fiscal year are flagged.**
- 6. Data items where year over year variability can be directly traced to workload changes are not flagged.**

Medical Expense and Performance Reporting System (MEPRS)

Six Sigma MEPRS Management Metrics (S2M3)



Agenda

- **Origin and Goals**
- **Six Sigma in Healthcare**
- **S2M3**

Origin and Goals

Six Sigma

- *Six Sigma is a statistics based business improvement process that continually strives for perfection.*
- *It employs a disciplined methodology created from the manufacturing industry for eliminating the wastes of defects or variance to lower costs and improve customer satisfaction.*

Six Sigma Methodology for Improving Existing Processes

DMAIC

- **D**efine Opportunities
- **M**easure Performance
- **A**nalyze Opportunity
- **I**mprove Performance
- **C**ontrol Performance

Six Sigma in Healthcare

- Using Lean Six Sigma, Morton Plant Hospital in Clearwater, FL, improved patient satisfaction over 50%, reduced emergency department length of service by 21%, and recovered over \$4 million in cost of quality (aka rework).
- Kaiser Permanente Colorado used Lean Six Sigma to evaluate and improve Medicaid enrollment processes. A three-month project resulted in a 45 percent gain in Medicaid membership while increasing Medicaid revenue by more than \$1 million annually.
- The Nebraska Medical Center used Six Sigma to improve the completeness and availability of physician orders for patients; the project occurred within a Six Sigma program that has returned about \$7.5 million in savings.

S2M3

Six Sigma MEPRS Management Metrics (S2M3)



FY10 Update

All data obtained from the EAS IV Repository and M2 on April 4, 2011



Click on a peer group below to view a specific metric:

Rx Dispensing Costs	Available FTE's per Daily Occupied Bed	Ratio of Support Personnel to Provider FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG
Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers	Medical Centers
Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals	Large Hospitals
Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals	Small Hospitals
Large Clinics	Large Hosp OCONUS	Large Clinics	Large Clinics	Large Clinics	Large Clinics	Large Hosp OCONUS	Large Clinics
Small Clinics	Small Hosp OCONUS	Small Clinics	Small Clinics	Small Clinics	Small Clinics	Small Hosp OCONUS	Small Clinics
Large Hosp OCONUS		Large Hosp OCONUS	Large Hosp OCONUS	Large Hosp OCONUS	Large Hosp OCONUS		Large Hosp OCONUS
Small Hosp OCONUS		Small Hosp OCONUS	Small Hosp OCONUS	Small Hosp OCONUS	Small Hosp OCONUS		Small Hosp OCONUS
Clinics OCONUS		Clinics OCONUS	Clinics OCONUS	Clinics OCONUS	Clinics OCONUS		Clinics OCONUS

Executive Summary:

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[Large Hospitals](#)
[Large Hospitals OCONUS](#)
[Small Hospitals](#)
[Small Hospitals OCONUS](#)
[Large Clinics](#)
[Small Clinics](#)
[Clinics OCONUS](#)

Notes:

[Six Sigma Description](#)
[Definition of Metrics](#)
[Data Sources](#)
[Peer Group Definitions](#)

External MEPRS Resources:

[MEPRS Web Portal](#)
[MEWACS](#)
[MEPRS Manual DoD 6010.13-M](#)
[Human System Interface \(HSI\)](#)

MTF-Peer Group Lookup:

[Air Force](#)
[Army](#)
[Navy](#)

If you have questions on the data contained, please contact:

Deirdre Baker
 SRA International
 210-832-5216
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S2M3

User Notes

Definition of Metrics

The metrics contained in this package offer a snap shot of the Direct Care operation at MTFs, including staffing, financial, and workload metrics. By arraying the data in peer groups, MTFs can see their position relative to similar facilities. Rankings and sorting of facilities are done based on Z-Scores (standard deviations from the peer group mean: $[(MTF \text{ ratio} - \text{peer group mean ratio}) / \text{peer group ratio standard deviation}]$).

Rx Dispensing Costs: This metric evaluates the cost of dispensing prescriptions, without ingredient costs. Cost data include pharmacy expenses allocated to ambulatory Functional Cost Codes (FCCs) less pharmaceutical supply costs (ingredient costs). In this metric, Raw pharmacy workload across ambulatory functional cost codes (B*** and FBN*) is used as a proxy for individual prescriptions. Non-ingredient costs are defined as all pharmacy expenses (DA**) stepped down to the ambulatory FCCs (B*** and FBN*) except those expenses in SEEC 26.25 (Pharm Supplies) and any non-labor expenses in PECs 87701 (Pharmaceuticals in Medical Center - CONUS) and 87901 (Pharmaceuticals in Medical Center - OCONUS). Dispensing cost per prescription is calculated as $[(\text{Non-ingredient Pharmacy Costs}) / \text{Raw Pharmacy Workload}]$.

S2M3

Control Panel - Peer Groups

Six Sigma MEPRS Management and Control Metrics

2010 MTF- Peer Group Look-up by Service

Air Force		
Parent DMS ID	Parent DMS ID Name	Peer
0004	42ND MEDICAL GROUP-MAXWELL	Large Clinic
0006	3rd MED GRP-ELMENDORF	Large Hospital
0009	56th MED GRP-LUKE	Large Clinic
0010	355th MED GRP-DAVIS MONTHAN	Large Clinic
0013	314th MED GRP-LITTLE ROCK	Small Clinic
0014	60th MED GRP-TRAVIS	Medical Center
0015	9th MED GRP-BEALE	Small Clinic
0018	30th MED GRP-VANDENBERG	Small Clinic
0019	95th MED GRP-EDWARDS	Small Clinic
0033	10th MED GROUP-USAF ACADEMY CO	Large Clinic
0036	436th MED GRP-DOVER	Small Clinic
0042	96th MED GRP-EGLIN	Large Hospital
0043	325th MED GRP-TYNDALL	Small Clinic
0045	6th MED GRP-MACDILL	Large Clinic
0046	45th MED GRP-PATRICK	Small Clinic
0050	23rd MED GRP-MOODY	Small Clinic
0051	78th MED GRP-ROBINS	Large Clinic
0053	366th MED GRP-MOUNTAIN HOME	Small Hospital
0055	375th MED GRP-SCOTT	Large Clinic
0059	22nd MED GRP-MCCONNELL	Small Clinic
0062	2nd MED GRP-BARKSDALE	Large Clinic
0066	79th MED GRP-ANDREWS	Small Hospital
0073	81st MED GRP-KEESLER	Medical Center

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Six Sioma MEPRS Management and Control Metrics

FY 10 S2M3

Standardized Executive Summary by Peer Group*

DMIS ID	MTF Name	Rx Dispensing Costs	Available FTE per Daily Occupied Bed	Ratio of Support Personnel to Provider FTEs	Rx Workload per Rx FTE	Lab Workload per Lab FTE	Rad Workload per Rad FTE	Inpatient Costs per RWP	Ambulatory Costs per APG	Standard ized Average
Medical Centers										
0089	WOMACK AMC-FT. BRAGG	1.15	0.24	2.93	0.62	1.29	1.61	0.73	1.11	1.21
0052	TRIPLER AMC-FT. SHAFTER	0.57	0.96	0.18	1.30	0.01	1.12	0.11	1.17	0.68
0029	NMC SAN DIEGO	0.37	1.71	-0.11	-0.14	1.19	-0.05	1.11	0.38	0.56
0047	EISENHOWER AMC-FT. GORDON	-0.01	1.50	0.64	-0.19	0.00	0.77	0.11	1.19	0.50
0117	59th MED WING JACKLAND	0.35	-0.05	-0.66	0.67	1.64	0.58	0.60	-0.17	0.37
0109	BROOKE AMC-FT. SAM HOUSTON	0.76	-0.49	0.09	2.45	-0.65	0.07	-0.03	-0.03	0.27
0108	WILLIAM BEAUMONT AMC-FT. BLISS	0.25	-0.27	-0.21	0.32	0.83	-0.27	0.56	0.44	0.21
0125	MADIGAN AMC-FT. LEWIS	-0.93	-0.39	0.75	-0.69	-0.32	1.16	0.66	0.70	0.12
0124	NMC PORTSMOUTH	-0.03	0.56	-0.87	-0.58	0.31	-0.64	0.61	0.99	0.05
0067	NNMC BETHESDA	-0.73	0.48	-0.03	-0.40	0.29	0.40	-2.22	-0.83	-0.38
0095	74th MED GRP-WRIGHT-PATTERSON	1.20	-1.25	-1.06	-0.31	-1.43	-0.51	0.95	-0.98	-0.42
0073	81st MED GRP-KEESLER	0.33	-1.91	-0.77	-1.30	-1.13	-1.52	-0.72	-0.98	-1.00
0014	60th MED GRP-TRAVIS	-0.62	-0.43	-0.63	-0.71	-1.48	-1.28	-1.59	-1.33	-1.01
0037	WALTER REED AMC-WASHINGTON DC	-2.67	-0.65	-0.26	-1.03	-0.56	-1.43	-0.89	-1.66	-1.14

***Note:**

The S2M3 Executive Summary has been standardized to reflect uniform positive/negative Z-score values across all metrics, thus positive Z-scores indicate more desirable values and negative Z-scores are less desirable values. For example, in the Pharmacy Dispensing Cost metric a negative Z-score denotes a dispensing cost that falls below the peer group average. Since in that case a negative Z-score is more desirable than a positive value, the Z-score sign reflected in the S2M3 Executive Summary has been changed to positive. The Z-score signs have been reversed for the following metrics in this Executive Summary:

- Rx Dispensing Costs
- Available FTE per Daily Occupied Day
- Inpatient Costs per RWP
- Ambulatory Costs per APG

S2M3

FY10 Cost of Pharmacy Dispensing: Medical Centers

						FY10 Cost of Pharmacy Dispensing Summary Statistics			
Parent DMIS ID	Parent DMIS ID Name	RawWork	Rx \$ Less Supply Cost	Disp Cost per Script	Z Score	Statistic	RawWork	Rx \$ Less Supply Cost	Dispensing Cost per Script
0095	74th MED GRP-WRIGHT-PATTERSON	978,374	\$ 4,361,751	\$ 4.46	-1.20	Mean:	848,842	\$ 6,869,675	\$ 8.65
0089	WOMACK AMC-FT. BRAGG	1,405,294	\$ 6,504,231	\$ 4.63	-1.15	Median:	790,695	\$ 6,000,932	\$ 7.63
0109	BROOKE AMC-FT. SAM HOUSTON	752,173	\$ 4,506,511	\$ 5.99	-0.76	St. Dev:	328,193	\$ 2,767,209	\$ 3.50
0052	TRIPLER AMC-FT SHAFTER	663,879	\$ 4,410,109	\$ 6.64	-0.57				
0029	NMC SAN DIEGO	1,449,993	\$ 10,686,620	\$ 7.37	-0.37				
0117	59th MED WING-LACKLAND	812,353	\$ 6,025,810	\$ 7.42	-0.35				
0073	81st MED GRP-KEESLER	798,970	\$ 5,976,054	\$ 7.48	-0.33				
0108	WILLIAM BEAUMONT AMC-FT. BLISS	566,436	\$ 4,402,647	\$ 7.77	-0.25				
0047	EISENHOWER AMC-FT. GORDON	782,419	\$ 6,800,573	\$ 8.69	0.01				
0124	NMC PORTSMOUTH	1,229,527	\$ 10,758,800	\$ 8.75	0.03				
0014	60th MED GRP-TRAVIS	456,532	\$ 4,935,243	\$ 10.81	0.62				
0067	NNMC BETHESDA	425,470	\$ 4,760,011	\$ 11.19	0.73				
0125	MADIGAN AMC-FT. LEWIS	997,595	\$ 11,887,109	\$ 11.92	0.93				
0037	WALTER REED AMC-WASHINGTON DC	564,767	\$ 10,159,986	\$ 17.99	2.67				

Better

Worse

Value nearest peer group mean

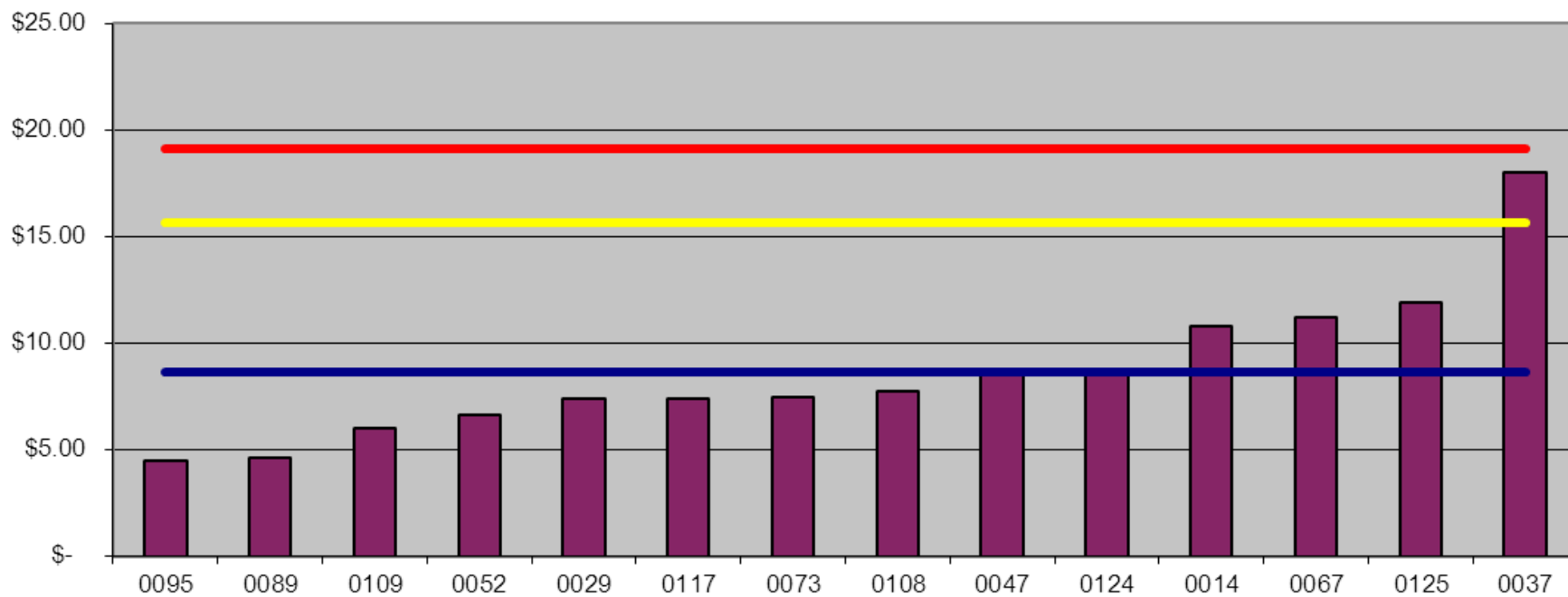
MTFs within 1 Std. Deviation from the peer group mean

2 Std. Deviations above/below the peer group mean

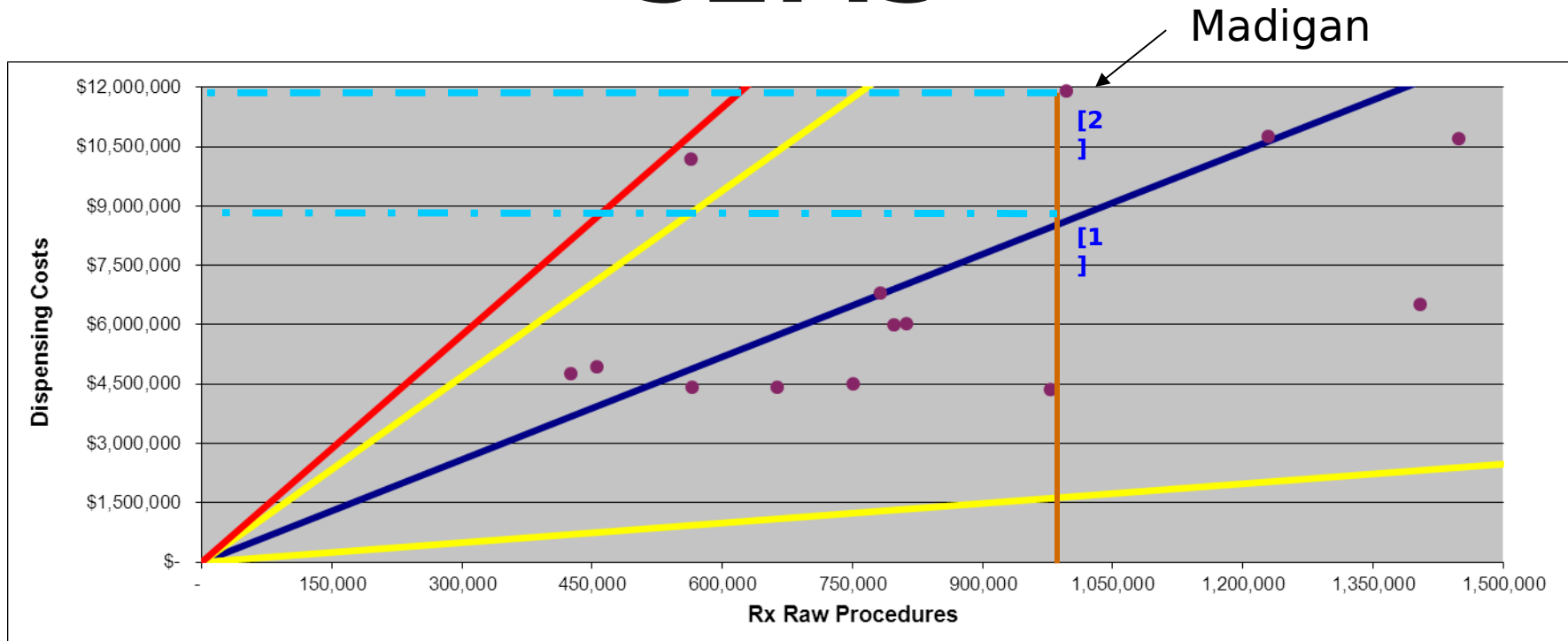
3 Std. Deviations above/below the peer group mean

S2M3

Dispensing Cost per Script



S2M3



For close to 1,000,000 scripts, we would expect the expenses to be closer to \$9,000,000 [1] but at Madigan for the same number of scripts, the expenses are around \$12,000,000 [2].

Graph 3

S2M3

General Conclusions

- OCONUS is more expensive than CONUS.
- Facilities with a military mix are more expensive than those with contract or civilian personnel.
- Hospitals or clinics with greater volume of workload fare better.
- Inappropriate cost allocation drives cost results.
- Non-reporting of borrowed labor drives results.

Analysis

S2M3

FY10 Rx Weighted Procedures per Pharmacy FTE: Medical Centers

FY10 Rx Weighted Procedures per Pharmacy FTE: Medical Centers																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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There are basically two values in play for each metric that require analysis. In this case, they are Available FTEs and Pharmacy Weighted Procedures

Medical Expense and Performance Reporting System (MEPRS)

Questions?

TMA MEPRS Program Office

